

WAC 246-976-320 Air ambulance services.

(1) Air ambulance services must:

- (a) Comply with all regulations in this chapter pertaining to ambulance services and vehicles, except that WAC 246-976-290 and 246-976-300 are replaced for air ambulance services by subsection (4)(b) and (c) of this section;
- (b) Comply with the standards in this section for all types of transports, including inter-facility and prehospital transports;
- (c) Be in current compliance with all state and Federal Aviation Administration statutes and regulations that apply to air carriers, including, but not limited to, those regulations that apply to certification requirements, operations, equipment, crew members, and maintenance, and any specific regulations that apply to air ambulance services;
- (d) Air ambulance services must provide a physician director who is practicing medicine in the response area of the aircraft, as identified in the state EMS/TC plan.

(2) Air ambulance services currently licensed or seeking relicensure after July 31, 2001, must have and maintain accreditation by the Commission on Accreditation of Medical Transport Services or another accrediting organization approved by the department as having equivalent requirements as CAMTS for aeromedical transport. Until August 1, 2001, subsections (4) and (5) of this section apply to air ambulance services currently licensed or seeking relicensure.

(3) Air ambulance services requesting initial licensure that are ineligible to attain accreditation because they lack a history of operation at the site, must meet the criteria of subsections (4) and (5) of this section and within four months of licensure must have completed an initial consultation with CAMTS or another accrediting organization approved by the department as having equivalent requirements as CAMTS for aeromedical transport. A provisional license will be granted for no longer than two years at which time the service must provide documentation that it is accredited by CAMTS or another accrediting organization approved by the department as having equivalent requirements as CAMTS for aeromedical transport.

(4) Air ambulance services must provide:

(a) A physician director who is:

- (i) Practicing medicine in the response area of the aircraft, as identified in the state EMS/TC plan;
- (ii) Trained and experienced in emergency, trauma, and critical care;
- (iii) Knowledgeable of the operation of air medical services; and
- (iv) Responsible for supervising and evaluating the quality of patient care provided by the air medical flight personnel;

(b) Sufficient air medical personnel on each response to provide adequate patient care, specific to the mission, including:

- (i) One specially trained, experienced registered nurse or paramedic; and

- (ii) One other person who must be a physician, nurse, physician's assistant, respiratory therapist, paramedic, EMT, or other appropriate specialist appointed by the physician director. If an air ambulance responds directly to the scene of an incident, at least one of the air medical personnel must be trained in prehospital emergency care;
- (c) Aircraft that, when operated as air ambulances:
 - (i) Are configured so that the medical attendants can access the patient to begin and maintain advanced life support and other treatment;
 - (ii) Allow loading and unloading the patient without excessive maneuvering or tilting of the stretcher;
 - (iii) Have appropriate communication equipment to insure internal crew and air-to-ground exchange of information between flight personnel and hospitals, medical control, the flight operations center, and air traffic control facilities;
 - (iv) Are equipped with:
 - (A) Appropriate navigational aids;
 - (B) Airway management equipment, including:
 - (I) Oxygen;
 - (II) Suction;
 - (III) Ventilation and intubation equipment, adult and pediatric;
 - (C) Cardiac monitor/defibrillator;
 - (D) Supplies, equipment, and medication as required by the program physician director, for emergency, cardiac, trauma, pediatric care, and other missions; and
 - (E) The ability to maintain appropriate patient temperature; and
 - (v) Have adequate interior lighting for patient care arranged so as not to interfere with the pilot's vision;
- (d) If using fixed-wing aircraft, pressurized, multi-engine aircraft when appropriate to the mission;
- (e) If using helicopter aircraft:
 - (i) A protective barrier sufficiently isolating the cockpit, to minimize in-flight distraction or interference;
 - (ii) Appropriate communication equipment to communicate with ground EMS/TC services and public safety vehicles, in addition to the communication equipment specified in (c)(iii) of this subsection.

(5) All air medical personnel must:

- (a) Be certified in ACLS;
- (b) Be trained in:
 - (i) Emergency, trauma, and critical care;
 - (ii) Altitude physiology;
 - (iii) EMS communications;
 - (iv) Aircraft and flight safety; and
 - (v) The use of all patient care equipment on board the aircraft;
- (c) Be familiar with survival techniques appropriate to the terrain;
- (d) Perform under protocols.

(6) Exceptions:

- (a) If aeromedical evacuation of a patient is necessary because of a life threatening condition and a licensed air ambulance is not available, the nearest available aircraft that can accommodate the patient may transport. The physician ordering the transport must justify the need for air transport of the patient in writing to the department within thirty days after the incident.
- (b) Excluded from licensure requirements those services operating aircraft for primary purposes other than civilian air medical transport, but which may be called into service to initiate an emergency air medical transport of a patient to the nearest available treatment facility or rendezvous point with other means of transportation. Examples are: United States Army Military Assistance to Safety and Traffic, United States Navy, United States Coast Guard, Search and Rescue, and the United States Department of Transportation.

[Statutory Authority: RCW 18.73.140. 00-22-124, § 246-976-320, filed 11/1/00, effective 12/2/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-320, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-320, filed 12/23/92, effective 1/23/93.]